

AC4468(1) SCARBOROUGH

SCARBOROUGH EDUCATION COMMITTEE



SCHOOL MEDICAL SERVICE
**REPORT and
STATISTICS**
for 1936

STANLEY FOX LINTON,

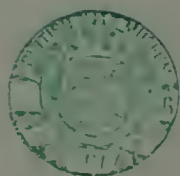
T.D., M.D., M.SC., D.P.H.,
School Medical Officer.

ELIZABETH R. JAMIESON,

M.B., Ch.B., D.P.H.,
Assistant School Medical Officer.

SCARBOROUGH:

SAINT NICHOLAS PRESS, LTD., 31a, ST. NICHOLAS STREET.



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Town Hall,
Scarborough,
10th March, 1937.

To the Chairman and Members of the Education Committee.

Mr. Chairman, Ladies and Gentlemen,

I beg to present to you the Annual School Medical Report for 1936. In doing so I would draw attention to the figures Dr. Jamieson gives under the heading of Malnutrition. She found that 18 per cent. that is, nearly one in five, of the children she examined were under-nourished. In the eight year old group the proportion was 23 per cent., which is not far short of one in four. This is a lamentable state of affairs, and while no doubt it is partly attributable to insufficient or unsuitable food, I am sure that a very potent cause of it is lack of rest. It is difficult to convince parents of this, because it is not an obvious cause. Therefore it is necessary to emphasise it again and again. If a child is short of sleep his nervous system becomes tired and fails to do its work properly; as its work includes the control and regulation of all the other systems in the body, those other systems suffer also, and the child has symptoms which may appear to the parent to have nothing to do with their real cause—lack of rest. The digestive system is the earliest to suffer. Appetite and digestion, which are regulated by nervous impulses, fail, and in due course the child shews signs of undernourishment. It is of no use to treat such a child with tonics and tempting food; it is worse than useless to force it to take food it can't digest; what it requires is sufficient sleep to enable its nervous system to work properly. Children go to bed later than they used to, and they do not get the rest they need. A child of eight needs at least eleven hours in bed and a child of eleven at least ten hours. When a child is in bed he is resting and not taking it out of himself, even if he is not sleeping. This question of sleep is an urgent one. Teachers constantly complain about children being unfit for work from lack of sleep. Such children are not getting a fair chance as regards either health or growth or education.

Another defect which appears to me to have become much commoner of recent years is bad posture, i.e. curved backs, stooping shoulders and ill-developed chests. It is hardly exaggerating to say that a straight, well developed child is an exception. Lack of sufficient rest is, I should say, a main cause of this state of affairs. Now that we are about to pay much more attention to physical education, it will be necessary to ensure by all possible means that the children for whom such education is provided are not too tired to benefit much by it.

The milk in schools scheme maintains its figures. In February of the present year (1937), the average number of children taking milk daily in school was 2,973 out of 4,619 on the register. This number included 374 children receiving free milk.

On July 31st Miss Joan Tonks resigned her appointment as Speech Training Instructress; Miss Joyce Custerson was appointed in her place from August 31st.

Your obedient Servant,

S. FOX LINTON,

School Medical Officer and
Medical Officer of Health.

REPORT

*on the Medical Inspection of School Children and the work
of the School Clinic during 1936.*

STAFF:

School Medical Officer: Stanley Fox Linton, T.D., M.D., M.Sc., D.P.H.

Assistant School Medical Officer: Elizabeth R. Jamieson,
M.B., Ch.B., D.P.H.

School Dental Officer: D. Bewes Atkinson, L.D.S., R.C.S. Eng.

School Nurses: R. E. Parker, S.R.N.; M. K. Jones, S.R.N.

Part Time Assistant School Nurse: A. Chambers, Member of V.A.D.

CO-ORDINATION.

(a) Infant and Child Welfare.

This work is carried on at the premises of the School Clinic in King Street, where two Sessions are held weekly on Monday and Thursday afternoons, and also at Seamer Road, where a Clinic is held every Wednesday. The School Medical Inspector attends to see and advise mothers of infants and children not yet of school age.

The Centre at King Street is also used as a shop for the sale of food, etc., on these afternoons and on Saturday mornings. The Clinics have been well attended. The total number of attendances made was 10,926 as against 10,073 in 1935. The average number attending on these afternoons was 81.02 at King Street and 57.78 at Seamer Road.

The Health Visitors have the voluntary assistance of several ladies at the Infant Clinics, and their help is greatly appreciated. The names of these ladies are:—

Mrs. Harland.	Miss Newsome.
Mrs. Sternberg.	Miss Hill.
Mrs. Jeffrey.	Miss Thistlewaite.
Mrs. Robson.	Miss Turton.
Mrs. Brewer.	Miss Robson.
Mrs. Smith.	Miss Routledge.
Miss Walker.	Miss Johnson.
Miss G. Richardson.	Miss F. Hunter.
Miss Turnbull.	

(b) Care of Debilitated Children under School Age.

Most of these children come under the observation of the Health Visitors or School Nurses during their ordinary visiting work, and mothers are encouraged to continue bringing their children to the Infant Clinic up to school age, when they are transferred to the School Medical Service. As records are kept of all cases, and as both organisations are under the direction of the Medical Officer of Health, who is also School Medical Officer, continuity of the work is maintained.

SCHOOL HYGIENE.

In addition to the improvements recorded in previous reports, the following improvements and alterations have been made:—

CENTRAL SENIOR GIRLS' SCHOOL—

(1) Improvement to lighting—increased length of flex and power in two rooms.

FALSGRAVE SENIOR GIRLS' SCHOOL—

(1) Heatrite system fitted to the boiler. This gives greater efficiency and reduces the cost of heating by 50 per cent. This is the ninth department to be supplied with this system.

FALSGRAVE JUNIOR MIXED SCHOOL—

- (1) Heating System—water pipes and radiator in cloakroom.
- (2) Radiator in entrance porch.

ST. MARTIN'S C.E. SCHOOL—

- (1) Extension of heating apparatus.

MEDICAL INSPECTION.

The age groups examined are the same as in previous years.

The numbers in each group examined at Routine Medical Inspections in 1935 and 1936 are as follows:—

	1935	1936
Entrants	593	453
Special Entrants (new-comers to town)	129	205
Intermediates (aged 8)	580	535
Leavers	654	465

In addition to these routine inspections, 872 children were medically examined as "Specials." These children are seen in the schools, or are sent to the School Clinic by the teachers, parents or nurses for some particular defect or illness: 665 re-inspections of these children were subsequently made.

Further special examinations during the year were as follows:—

For Graham Sea Training School 18

The examinations for employment of school children under the Bye-laws are referred to elsewhere in the Report.

FINDINGS OF MEDICAL INSPECTIONS AND MEANS AVAILABLE FOR TREATMENT OF DEFECTS.

MALNUTRITION.

In a total of 1,658 children, 275 (16.59 per cent.) were found to be slightly sub-normal, while 20 (1.21 per cent.) were bad. Evidence of malnutrition was at its highest in the second age group, where 20.94 per cent of the children were sub-normal, and 1.87 per cent. were bad. While inadequate or unsuitable dieting plays a part in many of these cases, this is not the sole factor, as many of these children come from good homes.

Apart from actual disease or gastro-intestinal defect it is regrettably true, especially among the juniors, that insufficient hours of sleep may be the deciding factor in keeping these children's nutrition sub-normal—a fact that is difficult to impress upon some parents. Daily milk has done much to improve the nutrition in school children. Necessitous cases are supplied free.

During the year an income scale was introduced by the Education Committee in connection with the supply of free milk, and a number of children who were found to be ineligible had their names removed from the list. Unfortunately in many cases these children subsequently ceased to get milk, their parents refusing to buy it. As children are recommended for free milk for medical and not purely financial reasons, this can only be regarded as a very regrettable attitude on their parents' part.

Children having free milk are re-examined each term.

UNCLEANLINESS.

One hundred and forty-four children at the Routine Medical Inspections and Special Inspections were found to be in an unclean condition of the head or body.

The standard of cleanliness demanded is very high, and any child showing even one or two nits in the head, although from definite knowledge of the child this condition is known to be temporary, is recorded as a case of uncleanness.

A larger proportion of cases is always detected during the School Nurses' visits, as apart from the Routine Medical Inspection.

Table IV. shows the number of these cases. In a total of 585 only 32 children were cleansed under the Authority's scheme, which indicates that the majority of the cases were of a mild degree.

There were 8 cases of scabies during the year.

MINOR AILMENTS AND DISEASES OF THE SKIN.

Arrangements made for the treatment of these conditions remain the same as in previous years.

During the year there were 4 cases of ringworm of the body and 1 case of ringworm of the scalp. The former are easily cured and do not necessitate long absence from school, while for the latter we have an efficient method of treatment in X-rays.

IMPETIGO.

This is one of the most common of skin diseases, and 236 cases were treated at the Clinic during the year. These children are frequently found to be below par, and require general as well as local treatment. The disease is, fortunately, easily cured, and even in severe cases does not necessitate absence from school for any length of time.

VISUAL DEFECTS AND EXTERNAL EYE DISEASE.

Group I., Table IV., shows that 56 children received treatment for minor eye conditions. The majority of these cases were treated for Blepharitis, Conjunctivitis and Styes. These conditions are often associated with general debility, and general as well as local treatment is required.

Group II., Table IV., shows that 267 children were referred for refraction on account of defective vision. In the majority of these cases the defect was noted at the Routine Medical Inspection. The others were sent to the Eye Clinic by parents or teachers. In 11 cases the parents refused treatment. Fifty-five children were examined as to the suitability of present spectacles; no change was made in 23 of these. Eight were treated apart from the Authority's scheme. Of the remaining 193 children, spectacles were prescribed for 131. In 62 children, the defect was very slight, and these were put on the observation list.

Of the 131 children for whom spectacles were prescribed at the Eye Clinic, the errors of refraction were classified as follows:—

Hypermetropia	40
Hypermetropic Astigmatism	32
Myopia	36
Myopic Astigmatism	15
Mixed Astigmatism	8

Spectacles are not provided by the Local Education Authority, but by the parents, except in cases of poverty, when the spectacles are provided by the Scarborough Amicable Society and the cost recovered from the Local Education Authority at the end of the year. During the year this Society has spent £20/1/1. The money is refunded in small weekly payments by the parents where possible. A very high proportion of the parents obtain their children's spectacles in this way.

The forms sent to parents allocating appointments have been modified so that they may sign them, giving consent. In this way it is hoped to lessen the number of broken appointments.

An extra Eye Clinic was held on Wednesday afternoons during 1936.

During the year 40 school children were treated at the local Hospital by Dr. Ellison, Ophthalmic Surgeon. Five of these children had successful operations for squint. The other conditions treated included:—

Orbital Abscess	1
Dermoid Cyst of Orbit	1
Ruptured Eyeball	2
Detachment of Retina	1
Meibomian Cyst	1
Contracted Socket	1

The above figures refer to children treated as in-patients.

Table III. shows that there are three children suitable for training in a class for the partially blind. These children are kept under observation and the work at school modified to suit each.

One girl is at present in a certified school for the blind.

In addition to the above, 295 children, aged 11 years, were examined,

and of this number 70, or 23 per cent. were found to have defective vision. Eleven had already received treatment. In 30 cases the defect was slight and these were put on the observation list. The remaining 29 have already received treatment at the School Clinic.

NOSE AND THROAT DEFECTS.

Table IV., Group III., deals with these defects.

A total of 89 children received treatment for defects of nose and throat. Ten parents refused treatment, the treatment in each case being operation.

In addition, 139 children were put under observation for lesser degrees of affection of their tonsils and adenoids.

EAR DISEASE AND DEFECTIVE HEARING.

Fifty-eight children received treatment at the Clinic for ear conditions. The more serious cases were sent on to see a surgeon at the local Hospital, and 11 children were treated there during the year.

DENTAL DEFECTS.

As a result of medical inspection and special inspection, 9 children were referred to the Dental Clinic for treatment. These children were suffering from carious teeth to such an extent as to demand immediate attention.

Mr. D. Bewes Atkinson, the Dental Surgeon, has kindly written the following report on his work among the school children:—

DENTAL REPORT.

“The last report dealt with the outlines of the school dental service; this year the clinical side is given.

“The second and fourth Mondays of the month are given to casuals; this gives the parent an opportunity of asking advice on any dental condition of their children, which may have arisen since the child's last inspection.

“The most frequent conditions are overcrowded or irregular teeth. Some of these cases can be treated by extraction; others require orthodontic appliances, and are referred to the parents' dental practitioners.

“Gas sessions on Tuesday and Thursday mornings enable the greater part of the extractions to be completed. Some of the older children have their extractions with a local anaesthetic.

“The remaining sessions are given to conservative work, and it is pleasing to have senior children, especially the girls, asking for appointments for fillings.

“One session per month is for mothers and infants under the care of the Aute Natal and Infant Welfare Clinics.”

ORTHOPÆDIC AND POSTURAL DEFECTS.

Institutional treatment required for these defects is obtained at the Orthopædic Hospital, Kirbymoorside, and during the year 3 children were admitted. Apart from providing treatment, this Institution also provides educational facilities. A massage sister attached to the Orthopædic hospital visits Scarborough one day a week to supervise remedial exercises. Previously she came one afternoon a week, but the work of this department has increased and now she gives a full day every Friday. Seventy-one children attended this class during the year. They are encouraged to continue the exercises at home.

Dr. Crockatt, the orthopædic surgeon, holds a Clinic once a month, and sees all new cases and keeps all others under supervision. The School Nurse attends these latter Clinics and is able to explain special circumstances to Dr. Crockatt, and also to inform the School Medical Officer of the treatment to be carried out. One hundred and sixteen children were in attendance during the year.

Postural defects are frequently noted at routine medical inspections, and form a large proportion of the children referred for remedial exercises. Lesser degrees are given advice, and kept under observation. Poor posture is very common among school children.

HEART DISEASE AND RHEUMATISM.

Table III., Section D., shows that no child was discovered suffering from heart disease so severe as to be unable to attend school.

Children who have rheumatic lesions or previous history of rheumatism are kept under observation at the Special Clinic on Friday mornings, and have exercises and games modified to their needs.

TUBERCULOSIS.

A number of children attended the tuberculosis dispensary as contacts or for observation or because they were of the pre-tubercular type. During the summer, 15 children resided at the Open Air Ward at the local Sanatorium. This Ward is for the open air treatment of non-infectious tuberculosis or pre-tubercular children.

A course of remedial exercises was carried out by the Sister, under the direction of the Visiting Sister from Kirbymoorside Orthopædic Hospital.

FOLLOWING UP.

Arrangements made for this part of the work were given in the 1932 report and remain the same.

The following Table shows the visits of the Nurses to the homes, the cause of such visits, and, in addition, the number of visits made by them to the schools:—

Visits the result of Medical Inspections in the Schools.	No. of visits made.	Visits due to suspected infectious or contagious diseases.	No. of visits made
Uncleanliness	25	Scarlet Fever	0
Defects of nose and throat ...	12	Measles	302
Defects of vision	20	Whooping Cough	21
External eye disease	0	Chicken-pox	29
External ear disease	3	Mumps	12
Nervous diseases	1	Scabies	2
Heart disease	1	Ringworm	0
Tuberculosis	1	Impetigo	7
Other Causes	36	Diphtheria	5
		Other Causes	31
	99		409

The number of visits paid by Nurses to the Schools (not including visits for the detection of uncleanliness)	274
Visits for detection of uncleanliness	58
Visits to children's homes in connection with the work of the Dental Clinic	224
Total ...	556

ARRANGEMENTS FOR TREATMENT.

Treatment at the School Clinic is confined to minor ailments. Cases of more serious disease or defect are transferred to a private practitioner or to the local Hospital.

The premises in King Street are in use as in former years, and a Clinic is held once a week at Hinderwell School.

The attendances at the general clinic include the 872 children shown as "Specials" in Table 1b., and the re-examinations shown in the same Table.

The number of cases actually treated by the School Nurses under the supervision of the Medical Officer, and the number of attendances made, are as follows:—

1936.	No. of Children.	RESULT.		No. of attend- ances made.
		Recovered.	Still Attending.	
Impetigo	236	234	2	1048
Ringworm	5	5	0	28
Scabies	8	8	0	46
Ear Disease	58	52	6	287
Eye Disease	56	55	1	300
Uncleanliness	32	32	0	174
Abscesses, Boils, &c.	71	71	0	324
Eczema and Seborrhœa	38	38	0	133
Minor Ailments	570	570	0	1841
Total ...	1074			4181

INFECTIOUS DISEASES.

Existing arrangements for the detection and the prevention of the spread of infectious diseases are the same as those reported in 1932. No school was closed during the year on account of infectious disease. A minor outbreak of measles occurred in the late months of 1936.

Twenty-six children were excluded from School at the routine medical inspection. Of these, 10 were excluded for infectious or contagious disease.

Of the children seen at the Clinic, 266 were excluded, 51 of these being on account of infectious or contagious disease.

The Table given herewith shows the prevalence of common infectious diseases amongst school children. For purposes of comparison, figures are given for the last three years:—

Year	Scarlet Fever.			Enteric Fever.			Diphtheria.			Smallpox.		
	Boys	Girls	Deaths	Boys	Girls	Deaths	Boys	Girls	Deaths	Boys	Girls	Deaths
1934	14	16	1	—	—	—	37	27	2	—	—	—
1935	17	14	—	1	—	—	11	14	1	—	—	—
1936	20	30	—	—	—	—	9	5	—	—	—	—

Year	Measles.			Whooping Cough.		Chicken Pox.		Mumps.	
	Boys	Girls	Deaths	Boys	Girls	Boys	Girls	Boys	Girls
1934	142	119	2	14	12	24	30	13	10
1935	3	9	—	18	31	16	11	42	49
1936	353	379	—	22	21	29	31	11	12

OPEN AIR EDUCATION AND PHYSICAL TRAINING.

There is no open-air school in Scarborough. A special course of instruction was given to teachers during 1934 on the more modern methods of physical training.

PROVISION OF MEALS.

No free meals are provided.

The response to the scheme for supplying school children with milk has been good during 1936. In a school population of 4,678, the number of children having milk daily is 3,104. During the year, 348 children were supplied with free milk.

We are again indebted to Mrs. Ellis, Miss Knowles and Miss Wake and the pupils of the Scarborough Girls' High School for their kindness in providing us with clothing for needy school children.

CO-OPERATION OF PARENTS, SCHOOL ATTENDANCE OFFICER, AND VOLUNTARY BODIES.

Parents are invited to be present at the Routine Medical Inspection, and the response to this is satisfactory. The following table gives the percentage of the parents present.

Age Group.	1936.
Entrants	83.00 per cent.
Special Entrants (over 7)	54.63 per cent.
Intermediates	63.55 per cent.
Leavers	25.59 per cent.

The co-operation of the head teachers has been most valuable in carrying out the work of medical inspection, detection and treatment of defects, and in advice given to the parents. The teachers are informed of defects found in cases where supervision at school is necessary.

With regard to the co-operation of voluntary bodies, the National Society for the Prevention of Cruelty to Children may be notified in cases of uncleanness, neglect, insufficient clothing, or unsatisfactory home conditions.

Inspector Hollins, whose report is given below, has been of great help to the School Medical Service during the year. As will be seen from his report, a visit or advice from the Inspector is generally followed by satisfactory results.

"There were 64 cases in Scarborough enquired into affecting the welfare of 158 children (87 boys, 71 girls), involving 98 offenders or persons advised (47 males, 51 females). Ten of these cases were due to drink, involving 10 offenders, all males. Twelve of the children were illegitimate (7 boys, 5 girls). One hundred and fifty-five of the children were related to the offenders or persons advised. One of the three not related was at nurse."

Classification of cases:—

Neglect and starvation	23
Ill-treatment and assault	17
Advice sought	17
Other wrongs	4
Exposure for begging purposes	1
Immoral surroundings	1
Abandonment	1
	—
	64
	—

The above were dealt with as follows:—

Warned by Officer	47
Advised	17

448 supervisory visits were made to these homes to guard against relapse, and a marked improvement was found in the majority.

Miscellaneous visits of enquiry numbered 110.

The Council of Social Welfare has provided cod liver oil and Parishes' Food in cases of malnutrition on the recommendation of the School Medical Officer. This Society also provides voluntary help for the running of the Orthopædic Clinic.

In addition to the help already mentioned, the Scarborough Amicable Society spent £115/8/4 on clothing and boots during the year.

BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

Table III. deals with this class of child, and these children are brought to the notice of the School Medical Officer by Health Visitors, School Nurses or the Attendance Officer visiting the homes. The Public Assistance Committee also reports cases under its care. Children with these defects who are able to attend school are notified by the teachers or are found during the Routine Medical Inspection. In this way, most of the cases are brought to light.

Twenty-two mentally defective children are in attendance at the Special Class in Seamer Road. These children are "incapable by reason of mental defect of receiving proper benefit from the instruction in the ordinary public Elementary Schools, but are not incapable by reason of that defect of receiving benefit from instruction in special schools for mentally defective children.

In addition to the above, one child, who has been notified to the local Authority under the Mental Deficiency Act, was in attendance at the "Special Class."

No arrangements exist for co-operation with any branch of the Central Association of Mental Welfare.

Apart from this class, the Authority has no "Special" School.

No arrangements are made for the higher education of blind, deaf, defective and epileptic students.

No child was notified under the Mental Deficiency Act.

There is no provision for dull and backward children, although it is desirable that some such special class should be available for juniors.

DEAF CHILDREN.

Two deaf children are at present at a Special School.

SPEECH DEFECTS.

A special class is now being held for the treatment of speech defects, to which suitable children are referred by the School Medical Officer. These children are presented by the teacher or parent either at School Inspection or at the Clinic in King Street.

Total number of cases admitted	49
Total number cured	13
STAMMERERS	18
Number cured	3
Left school at 14 much improved	6
On-trial for discharge	3

LALLERS	12
Number cured	6
On trial for discharge	2
LISPERS	11
Number cured	2
On trial for discharge	3
CLEFT PALATE (Special School—much improved)	1
NASAL SPEAKERS	1
Number cured	1
MOUTH BREATHERS	1
NEUROTIC LISPER	1
SPECIAL SCHOOL	4
Cured as near as possible	1
Left School at 14	1
Total number of boys	37
Total number of girls	12

NURSERY CLASS.

There is one Nursery Class in connection with the Friarage Elementary School. The numbers for this Class are as follows:—

Total number on the Register	71
New Admissions	15 boys, 23 girls.
Transferred to other schools	25 boys, 15 girls.

In connection with this school, arrangements have now been made for a full Medical Inspection every term, and for "Follow-up" Inspections at monthly intervals. There is also a monthly inspection for the detection of uncleanness.

The children in this class are supplied with cod liver oil and malt twice daily during the winter months and milk (for which the parents pay) every morning.

Number of Routine Inspections	6
"Follow-up" Inspections	4
Total number of examinations	112
Required treatment	5
Observation	32

A dental inspection is held annually, but arrangements are available for children to have emergency treatment.

SECONDARY SCHOOLS.

Secondary Schools in this area come under the North Riding Authority, and the work in connection with these schools is included in the report of that Authority.

PARENTS' PAYMENTS.

No fixed charge is made for medical or dental treatment at the Clinic, but the mothers voluntarily contribute what they can. The amounts received for 1936 were as follows:—

	£	s.	d.
Sums received for General Clinic	5	1	5
Sums received for Dental Clinic	16	10	2
Total ...	21	11	7

HEALTH EDUCATION.

Leaflets regarding immunisation against diphtheria are distributed to all entrants, and parents are advised about it individually at Medical Inspection. The response has been fairly good.

SPECIAL INQUIRIES.

CONDITION OF VACCINATION OF CHILDREN IN THE SCHOOLS.—A record is kept at medical inspections of children bearing marks of successful vaccination. The percentages are shown in the following table. The figures for 1935 are given for comparison.

Groups Inspected.	Sexes.	Percentage bearing marks of successful vaccination, 1935.	Percentage bearing marks of successful vaccination, 1936.
Entrants... ..	Boys	19'37	19'81
	Girls	18'42	17'29
Intermediates	Boys	23'28	21'42
	Girls	24'30	23'23
Leavers	Boys	26'86	23'50
	Girls	26'33	29'43
Special Entrants (new comers to the town) ...	Boys	85'45	41'66
	Girls	100'00	60'82

MISCELLANEOUS.

EMPLOYMENT OF CHILDREN.—Under the Bye-laws for the employment of children, all children under the age of 14 must be medically examined as to their fitness for work. These children are sent on for medical examination by an Employment Officer, who also makes enquiries regarding the kind of work done. Certain employments unsuitable for children, such as work in barbers' shops, public slaughter-houses, etc., are prohibited.

During the year, 127 boys were examined, and with the exception of one, were passed as fit; two of these were subsequently re-examined. Thirty-six girls were also examined for work, and, with one exception, were passed as fit.

In doubtful cases certificates are issued for short periods. A request was made towards the end of 1936 by Head Teachers, who were disquieted by the effects of such employment on their pupils, for re-examination each term. It was suggested that such children should be referred at once to the School Medical Officer as special cases, either at school inspection or at the Friday morning Clinic.

Appended to this Report are the Tables required by the Board of Education to show in tabular form the work of the School Medical Service.

ELIZABETH R. JAMIESON,

Assistant School Medical Officer and
Assistant Medical Officer of Health.

Scarborough Education Authority, 1936.

MEDICAL INSPECTION RETURNS.

Year ended 31st December, 1936.

TABLE I.

**MEDICAL INSPECTIONS OF CHILDREN
ATTENDING PUBLIC ELEMENTARY SCHOOLS**

(see note a).

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Inspections in the Prescribed Groups
(see note b).

Entrants	453
Second Age Group	535
Third Age Group	465
Total	1453

Number of other Routine Inspections	205
Grand Total	1658

B.—OTHER INSPECTIONS.

Number of Special Inspections	872
Number of Re-Inspections	665
Total	1537

C.—CHILDREN FOUND TO REQUIRE TREATMENT.

Number of individual children found at Routine Medical Inspection to require treatment **(excluding Defects of Nutrition, Uncleanliness and Dental Diseases)**.

Note.—No individual child should be counted more than once in any column of this Table; for example, a child suffering from defective vision and from adenoids should appear once in Column 2, once in Column 3 and **once only** in Column 4. Similarly a child suffering from two defects other than defective vision should appear once only in Column 3 and once in Column 4.

Group. (1)	For defective vision (excluding squint). (2)	For all other con- ditions recorded in Table II A. (3)	Total. (4)
Entrants	3	71	74
Second Age Group	26	120	146
Third Age Group	52	94	146
Total (Prescribed Groups) ...	81	285	366
Other Routine Inspections ...	11	39	50
Grand Total	92	324	416

NOTES ON TABLE I.

- (a) The return refers to a complete calendar year.
- (b) This heading relates solely to the routine medical inspection of the three ordinary age groups, i.e., to medical inspection carried out:—
- (i) in compliance with Article 17 of the Consolidated Regulations relating to Special Services—Grant Regulations No 19;
 - (ii) on the school premises (or at a place specially sanctioned by the Board);
 - (iii) for the purpose of making a report on each child on the lines of the approved Schedule set out in Circular 582.
- (c) Under this heading may be recorded *routine* inspections, if any, of children who do not fall under the three prescribed age-groups, e.g., *routine* inspections of a fourth age-group or of other groups of children, as distinct from those who are individually selected on account of some suspected ill-health for "Special" Inspection.
- (d) A Special Inspection is a medical inspection by the School Medical Officer himself or by one of the Medical Officers on his staff of a child specially selected or referred for such inspection, i.e., not inspected at a routine medical inspection as defined above. Such children may be selected by the Medical Officer during a visit to the School or may be referred to him by the Teachers, School Nurses, Attendance Officers, Parents, or otherwise. It is immaterial for the purpose of this heading whether the children are inspected at the School or at the Inspection Clinic or elsewhere. If a child happens to come before the School Medical Officer for special inspection during a year in which it falls into one of the routine groups, its routine inspection should be entered in Part A. of Table I. and its special inspection in Part B. The inspection to be recorded under the heading of special inspections should be only the first inspection of the child so referred for a particular defect. If a child who has been specially inspected for one defect is subsequently specially inspected for another defect, such subsequent inspection should be recorded as a Special Inspection and not as a Re-inspection.
- (e) Under this heading should be entered the medical inspections of children who as the result of a routine or special inspection come up later on for subsequent re-inspection, whether at the School or at the Inspection Clinic. The first inspection in every case will be entered as a routine or special inspection as the case may be. Every subsequent inspection of the same defect will be entered as a re-inspection.

Care should be taken to see that nothing is included under the head of special inspections or re-inspections except such inspections as are defined above. Attendances for treatment by a Nurse, or for examinations by anyone other than a Doctor on the staff of the School Medical Service, should not be recorded as medical inspections. If, however, at any such attendance a child is also examined by one of the Authority's Medical Officers, this should be recorded as a special inspection or re-inspection as the case may be, even if treatment is also given; but such attendance may also of course be recorded as an attendance for treatment.

TABLE II.

A.—Return of Defects found by Medical Inspection in the year ended 31st December, 1936.

DEFECT OR DISEASE.		ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
		No. of Defects.		No. of Defects.	
		Requiring Treatment.	Requiring to be kept under observation, but <i>not</i> requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation, but <i>not</i> requiring Treatment.
(1)		(2)	(3)	(4)	(5)
Skin	(1) Ringworm—Scalp ...	...	...	1	...
	(2) " Body ...	...	...	...	...
	(3) Scabies	1	...	8	...
	(4) Impetigo	2	...	22	...
	(5) Other Diseases (Non-Tuberculous)	20	1	46	7
TOTAL (Heads 1 to 5)		23	1	77	7
Eye	(6) Blepharitis	9	...	9	...
	(7) Conjunctivitis	4	...	7	...
	(8) Keratitis	1	1	...	...
	(9) Corneal Opacities ...	..	1	..	...
	(10) Other Conditions (excluding Defective Vision and Squint)	13	1	8	...
TOTAL (Heads 6 to 10)		27	3	24	...
Ear	(11) Defective Vision (excluding Squint)	92	74	29	7
	(12) Squint	12	14	5	1
	(13) Defective Hearing	10	14	3	1
	(14) Otitis Media	9	3	14	...
	(15) Other Ear Diseases	8	14	14	9
Nose and Throat	(16) Chronic Tonsillitis only	19	109	5	6
	(17) Adenoids only	4	8	2	3
	(18) Chronic Tonsillitis and Adenoids ...	21	10	16	3
	(19) Other Conditions ...	34	10	20	5
	(20) Enlarged Cervical Glands (Non-Tuberculous) ...	5	6	12	9
(21) Defective Speech		8	11	8	3
Heart and Circulation	Heart Disease:				
	(22) Organic	5	1	...	2
	(23) Functional .....	...	28	...	8
Lungs	(24) Anaemia	27	...	15	...
	(25) Bronchitis	17	1	7	...
	(26) Other Non-Tuberculous Diseases	12	13	12	21

TABLE II.—continued.

DEFECT OR DISEASE.	Routine Inspections.		Special Inspections.	
	No. of Defects.		No. of Defects.	
	Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation but not requiring Treatment.
(1)	(2)	(3)	(4)	(5)
Tuber- culosis	Pulmonary:—			
	(27) Definite .....	...	...	...
	(28) Suspected .....	...	...	4
	Non-Pulmonary:—			
	(29) Glands .....	...	...	...
	(30) Bones and Joints	2	...	...
	(31) Skin .....	...	...	...
	(32) Other Forms .....	...	...	3
TOTAL (Heads 29 to 32)		2	..	3
Nervous System.	(33) Epilepsy .....	...	...	5
	(34) Chorea	1	...	1
	(35) Other Conditions ..	1	4	9
Deform- ities	(36) Rickets	2	...	...
	(37) Spinal Curvature ..	1	...	...
	(38) Other Forms	35	15	...
(39) Other Defects and Diseases (excluding Defects of Nutrition, Uncleanliness and Dental Diseases		43	63	86
Total number of defects ...		416	421	368
				199

B.—Classification of Nutrition of Children Inspected during the Year in the Routine Age Groups.

Age-groups	Number of Children Inspected	A (Excellent)		B (Normal)		C (Slightly subnormal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
Entrants	453	165	36.42	248	54.75	40	8.83	...	...
Second Age-group	535	110	20.56	303	56.63	112	20.94	10	1.87
Third Age-group	465	98	21.08	276	59.35	84	18.06	7	1.51
Other Routine Inspections	205	52	25.37	111	54.15	39	19.02	3	1.46
Total ...	1658	425	25.63	938	56.57	275	16.59	20	1.21

TABLE III.

Return of all Exceptional Children in the Area.

PLEASE
READ
CAREFULLY.

The returns on this Form can be of value only if they are made as closely as possible in accordance with the directions printed at the head of each category. Particular attention is called to the directions in the categories of Physically Defective Children.

The returns should be in respect of all exceptional children in the area of an Authority, and should not be confined only to those for whom suitable accommodation is available.

It is assumed that every Authority will have a complete list of all exceptional children in their own area compiled from returns made continuously during the year and kept constantly up to date.

For the purpose of this Table no child should be included who has not been examined by the School Medical Officer, by a medical member of the Authority's Staff, or by the Tuberculosis Officer.

In order to secure uniformity, Authorities are requested to make up this Table from their list of exceptional children as it stands on the last day of each calendar year.

Children sent by the Authority to day or residential schools outside the area should be included in this Table; children who are living in residential schools in the area, or attend day schools in the area, but who come from other areas, should not be included.

No child should be entered under more than one heading in this Form.

BLIND CHILDREN.

A blind child is defined by Section 69 of the Education Act, 1921, as one who is "too blind to be able to read the ordinary school books used by children." This definition covers some children who are totally, or almost totally, blind and can only be appropriately taught in a school for blind children, and others who have partial sight and can be appropriately taught in a school for partially sighted children. Only the first class should be included in this section.

At Certified Schools for the Blind.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
1	1

PARTIALLY SIGHTED CHILDREN.

Enter in this Section only children who, though they cannot read ordinary school books or cannot read them without injury to their eyesight, have such power of vision that they can appropriately be taught in a school for the partially sighted.

Children who are able by means of suitable glasses to read the ordinary school books used by children without fatigue or injury to their vision should not be included in this Table.

At Certified Schools for the Blind.	At Certified Schools for the Partially Sighted.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
...	...	3	...	...	3

TABLE III.—continued.

DEAF CHILDREN.

A deaf child is defined by Section 69 of the Education Act, 1921, as one who is "too deaf to be taught in a class of hearing children in an elementary school." This definition covers some children who are totally, or almost totally, deaf and can only be appropriately taught in a school for deaf children, and others who have partial hearing and can be appropriately taught in a school for partially deaf children. Only the first class should be included in this section.

At Certified Schools for the Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
2	2

PARTIALLY DEAF CHILDREN.

Enter in this Section children who can appropriately be taught only in a school for the partially deaf.

At Certified Schools for the Deaf.	At Certified Schools for the Partially Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
...	...	1	...	...	1

MENTALLY DEFECTIVE CHILDREN.

FEEBLE-MINDED CHILDREN.

Mentally Defective children are children who, not being imbecile and not being merely dull or backward, are incapable by reason of mental defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools but are not incapable by reason of that defect of receiving benefit from instruction in Special Schools for mentally defective children.

The following Table should include all such children except those who have been notified to the Local Authority under the Mental Deficiency Act in accordance with Article 3 of the Mental Deficiency (Notification of Children) Regulations, 1928. Particulars relating to these children should be entered in the return of notified children—Form 307M.

At Certified Schools for Mentally Defective Children.	At Public Elementary Schools. Special Class	At other Institutions.	At no School or Institution.	Total.
...	20	...	1	21

EPILEPTIC CHILDREN.

CHILDREN SUFFERING FROM SEVERE EPILEPSY.

In this part of the Table only those children should be included who are epileptic within the meaning of the Act, i.e., children who, not being idiots or imbeciles, are unfit by reason of severe epilepsy to attend the ordinary Public Elementary Schools.

TABLE III.—continued.

For practical purposes the Board are of opinion that children who are subject to attacks of major epilepsy in school should be recorded as “severe” cases and excluded from ordinary Public Elementary Schools.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
...

PHYSICALLY DEFECTIVE CHILDREN.

A. TUBERCULOUS CHILDREN.

Tuberculous children in areas other than Counties or County Boroughs who have been ascertained by the County Tuberculosis Officer should not appear in the Table for the County but in the Table for the appropriate area.

Only children diagnosed as tuberculous and requiring treatment for tuberculosis at a sanatorium, a dispensary, or elsewhere should be recorded in this category. Children suffering from crippling due to tuberculosis which is regarded as being no longer in need of treatment should be recorded as crippled children, provided that the degree of crippling conforms to the description of a crippled child given at the head of Section C below. All other tuberculous children who are regarded as being no longer in need of treatment should be recorded as delicate children provided the Medical Officer is prepared to certify under Section 55 of the Education Act., 1921, that they are incapable by reason of physical defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools.

I.—CHILDREN SUFFERING FROM PULMONARY TUBERCULOSIS.

(Including pleura and intra-thoracic glands.)

At Certified Special Schools.	At Public Elementary Schools.†	At other Institutions.	At no School or Institution.	Total.
...

II.—CHILDREN SUFFERING FROM NON-PULMONARY TUBERCULOSIS.

(This category should include tuberculosis of all sites other than those shown in I. above.)

At Certified Special Schools.	At Public Elementary Schools.†	At other Institutions.	At no School or Institution.	Total.
...

† It is essential that tuberculous children who are, or may be, a source of infection to others should be promptly excluded from Public Elementary Schools.

TABLE III.—continued.

B. DELICATE CHILDREN.

This Section should be confined to children (except those included in other groups) whose general health renders it desirable that they should be specially selected for admission to an Open Air School. Such children should be included irrespective of the actual provision of Open Air Schools in the area, or of the practicability in present circumstances of sending the children to Residential Schools. At the same time it should be remembered that children should not be regarded as suitable for admission to an Open Air School unless the Medical Officer would be prepared to certify under Section 55 of the Education Act, 1921, that they are incapable by reason of physical defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
...	22	...	...	22

C. CRIPPLED CHILDREN.

This Section should be confined to children (other than those diagnosed as tuberculous and in need of treatment for that disease) who are suffering from a degree of crippling sufficiently severe to interfere materially with a child's normal life, i.e., children who generally speaking are unable to take part, in any complete sense, in physical exercises or games or such activities of the school curriculum as gardening or forms of handwork usually engaged in by other children, and in whose case the Medical Officer would be prepared to certify under Section 55 of the Education Act, 1921, that they are incapable by reason of such physical defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
3	15	...	...	18

D. CHILDREN WITH HEART DISEASE.

This Section should be confined to children in whose case the Medical Officer would be prepared to certify, under Section 55 of the Education Act, 1921, that they are incapable by reason of such physical defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
...

TABLE III.—continued.

CHILDREN SUFFERING FROM MULTIPLE DEFECTS.

Information is only required in respect of children suffering from any combination of the following types of defect:—

- Blindness (excluding partially sighted children).
- Deafness (excluding partially deaf children).
- Mental Defect (Feeble-minded).
- Severe Epilepsy.
- Active Tuberculosis.
- Crippling (as defined in Section C above).
- Heart Disease.

The clinical condition causing the defect need not be specified; it will, for example, be sufficient to enter in Column 1,

- Blind and Feeble-minded.
- Deaf, Crippled and Heart.

Should there be no children suffering from Multiple Defects, please enter "Nil."

Combination of Defect.	At Certified Special Schools.	At Public Elementary Schools. Special Class.	At other Institutions.	At no School or Institution.	Total.
M.D. & Crippling	...	3	...	...	3

TABLE IV.
TREATMENT TABLE.

(a) The Table should deal with all defects treated during the year, however they were brought to the Authority's notice, i.e., whether by routine inspection, special inspection, or otherwise, during the year in question or previously.

(b) The heading "Under the Authority's Scheme" should include all cases that received treatment under definite arrangements or agreements for treatment made by the Local Education Authority and sanctioned by the Board of Education under Section 80 of the Education Act, 1921. Cases which, after being recommended for treatment or advised to obtain it, actually received treatment by private practitioners, or by means of direct application to Hospitals, or by the use of hospital tickets supplied by private persons, etc., should be entered under other headings.

(c) The tables cover all the defects for which treatment is normally provided as part of the School Medical Service. Particulars as to the measures adopted by the Authority for providing treatment for other types of defect or for securing improvement in types of defect which do not fall to be treated under the Authority's own scheme and for which the Authority neither incur expenditure nor accept any responsibility, together with a statement of the effect of the measures taken, should be included in the body of the School Medical Officer's Report. It is convenient for such particulars to follow the headings of Table II. (Form 8 b.M.).

GROUP I.—MINOR AILMENTS (excluding Uncleanliness, for which see Table VI.).

Disease or Defect (1)	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme (see note b). (2)	Otherwise (3)	Total (4)
<i>Skin—</i>			
Ringworm—Scalp—			
(i) X-Ray Treatment. If none, indicate by dash	1	...	1
(ii) Other " ... ..	...	...	...
Ringworm—Body	4	...	4
Scabies	8	...	8
Impetigo	236	...	236
Other skin disease	106	...	106
<i>Minor Eye Defects—</i>	56	...	56
(External and other, but excluding cases falling in Group II.).			
<i>Minor Ear Defects—</i>	58	...	58
(Treatment for more serious diseases of the ear (e.g., operative treatment in hospital) should not be recorded here but in the body of the School Medical Officer's Annual Report.			
<i>Miscellaneous</i>	55 ¹	...	55 ¹
(e.g., minor injuries, bruises, sores, chilblanes, etc.)			
Total	1020	...	1020

TABLE IV.—continued.

GROUP II.—DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects treated as Minor Ailments—Group I.).

Disease or Defect. (1)	No. of Defects dealt with.		
	Under the Authority's Scheme (see note b). (2)	Otherwise. (4)	Total. (5)
Errors of Refraction (including Squint) (Operations for squint should be recorded separately in the body of the School Medical Officer's Report).	259	8	267
Other Defect or Disease of the Eyes (excluding those recorded in Group I.).	10	30	40
Total	269	38	307
No. of Children for whom spectacles were			
(a) Prescribed	131	10	141
(b) Obtained	123	10	133

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

NUMBER OF DEFECTS.													
Received Operative Treatment.											Received other forms of Treatment	Total number treated.	
Under the Authority's Scheme, in Clinic or Hospital (see note b).				By Private Practitioner or Hospital, apart from the Authority's Scheme.				Total					
(1)				(2)				(3)					
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(4)	(5)
2	...	7	..	.	.	60	...	2	...	67	...	20	89

(i) Tonsils only. (ii) Adenoids only. (iii) Tonsils and adenoids.
(iv) Other defects of the nose and throat.

GROUP IV.—ORTHOPAEDIC AND POSTURAL DEFECTS.

Postural defects which received non-residential treatment otherwise than at an *orthopaedic* clinic should not be recorded in this Table.

A child may be recorded in more than one category and therefore the total number of children treated will not necessarily be the same as the sum of the figures in the separate categories.

	Under the Authority's Scheme (see note b) (1)			Otherwise. (2)			Total number treated (see note above)
	Residential treatment with Education.	Residential treatment without education.	Non-residential treatment at an orthopaedic clinic.	Residential treatment with education.	Residential treatment without education.	Non-residential treatment at an orthopaedic clinic.	
	(i)	(ii)	(iii)	(i)	(ii)	(iii)	
Number of Children treated.	3	...	116	...	...	...	119

TABLE IV.—continued.

TABLE V.—DENTAL INSPECTION AND TREATMENT.

The heading "Specials" in this Table relates to all children inspected by the School Dentist otherwise than in the course of the routine inspection of children in one of the age groups covered by the Authority's approved scheme, namely, to children specially selected by him, or referred by Medical Officers, Parents, Teachers, etc., on account of urgency. The number inspected in each routine age-group should be separately shown, as well as the total, but under "Specials" only the total number should be given.

Temporary fillings, whether in permanent or temporary teeth, should be recorded as other operations.

(1) Number of children inspected by the Dentist.

(a) Routine age-groups.

AGE ...	5	6	7	8	9	10	11	12	13	14	TOTAL
Number	409	367	341	342	356	327	346	365	372	423	3648

(b) Specials (see note above) 81

(c) TOTAL (Routine and Specials) 3729

(2) Number found to require treatment 2035

(3) Number actually treated 1613

(4) Attendances made by children for treatment 2631

(5) Half-days devoted to:—

Inspection	...	...	33
Treatment	...	...	194
Total	...	...	227

(7) Extractions:—

Permanent Teeth	...	856
Temporary Teeth	...	2142
Total	...	2998

(8) Administrations of general anaesthetics for extractions 1045

(6) Fillings (see note above):—

Permanent Teeth	...	632
Temporary Teeth	...	160
Total	...	792

(9) Other Operations:—

Permanent Teeth	...	224
Temporary Teeth	...	165
Total	...	389

TABLE VI.—UNCLEANLINESS AND VERMINOUS CONDITION.

A statement as to the arrangements made by the Local Education Authority for cleansing verminous children and a record of the cases in which legal proceedings were taken should be included in the body of the School Medical Officer's Report.

All cases of uncleanness, however slight, should be recorded.

The Return should relate to individual children and not to instances of uncleanliness.

- (i) Average number of visits per school made during the year by School Nurses, 6.44.
- (ii) Total number of examinations of children in the Schools by School Nurses, 9,711.
- (iii) Number of individual children found unclean (see note above), 585.
- (iv) Number of individual children cleansed under Section 87 (2) and (3) of the Education Act, 1921, 32.
- (v) Number of cases in which legal proceedings were taken:—

(a) Under the Education Act, 1921	} Nil.
(b) Under School Attendance Bye-laws	



